NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

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TYPHOID BACILLI IN THE FÆCES AND URINE OF TYPHOID CONVALESCENTS.—The *Interstate Medical Journal*, St. Louis, says: "Herbert (*Muenchener Medicinische Wochenschrift*) examined the excretions of ninety-eight convalescents from typhoid, the urine two hundred and twenty-eight times and the fæces two hundred and sixteen times. Typhoid bacilli were found in the urine of eighteen per cent. of the cases and in the fæces of three per cent. of the cases. They were present in very large numbers in the urine and in very small numbers in the fæces. In the cases in which the findings were positive, four were severe, eleven moderate, and three very light. It is of great practical importance to know that the bacilli are so often found in the urine of convalescents during the first four weeks. The length of time intervening between the last day of fever and the disappearance of the bacilli from the urine is from eight to twenty-seven days. In the second month of reconvalescence, with one exception, the excretions were free from typhoid bacilli."

THE INFLUENCE OF NURSING UPON THE FREQUENCY OF CARCINOMA OF THE MAMMÆ.—In this very interesting essay the author has compiled all the accessible statistics pertaining both to the frequency of carcinoma of the breast and the percentage of mothers nursing their children. These statistics, referring mainly to the conditions in Germany, include, however, a number of other European and foreign countries. A comparison of these statistics demonstrates the surprising fact that all those countries in which the nursing of the babies by their mothers is notoriously more in vogue show a smaller percentage of mammary cancer. It would seem that hypoplasia of the breast, due to a failure of proper use continued during generation, forms a predisposing factor in the development of a malignant growth.—L. LEHMAN (*Inaug. Dissers. rev. Centralbl. fuer Gyn.*).

THE OATS CURE IN SEVERE CASES OF DIABETES MELLITUS.—At the last meeting of naturalists at Carlsbad, von Noorden submitted a short report showing the good results occasionally obtained by putting diabetic patients on an oatmeal diet. A further experience with over a hundred patients has served to confirm his previous conclusions. The oatmeal is boiled in water for a considerable length of time with the addition of a little salt. While boiling, butter and some vegetable albumen, or, after cooling off, beaten white of an egg, is added The usual daily dose at the beginning of treatment is two hundred and fifty grammes oats, one hundred grammes albumen, three hundred grammes butter. The broth thus prepared is given every two hours. In addition, a little brandy or wine and a little strong black coffee are allowed.

After a longer or shorter course of this regimen, diabetic patients whose glycosuria had not ceased, even when they were put on a strict carbohydrate-free diet, soon stopped excreting sugar. The return to a mixed diet must be made

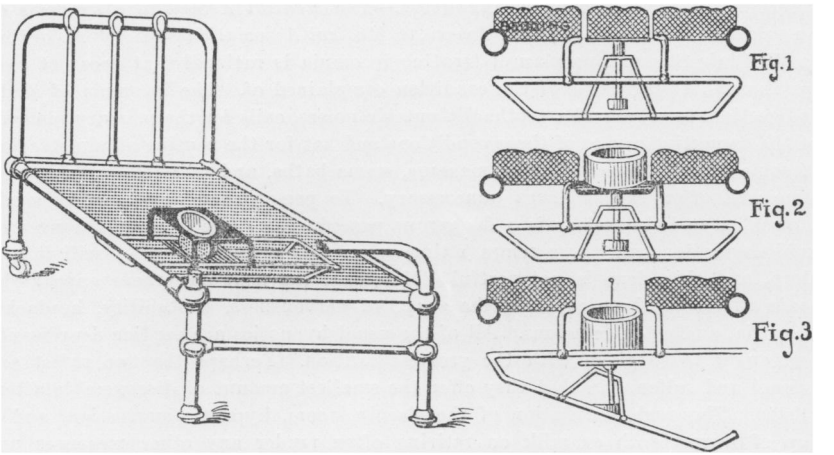
cautiously and gradually, as acetonuria is apt to ensue. While this treatment is not to be promiscuously applied, and while some patients seem to be injured thereby, others are strikingly benefited, their tolerance for carbohydrates being markedly and permanently increased. Von Noorden confesses his inability as yet to furnish any criterion for distinguishing between those diabetics who will be benefited and those who will be harmed by the oats cure. On the whole, however, it is the severe cases that do best under it,—C. VON NOORDEN (*Berliner klin. Wochenschr.*).

THE USE AND ABUSE OF HYPNOTICS.—The *Medical Record* in a synopsis of an article in the *Journal of the American Medical Association* says: "According to W. Blair Stewart, no plan of treating insomnia is rational that does not seek for the underlying cause of the condition complained of. The insomnia of acute indigestion, fever, earache, toothache, outside noises, calls for the primary removal of the respective causes of these conditions and not for the routine administration of some favorite remedy. Mild massage, warm baths, and warm oil-rubs at bedtime will often render drugs unnecessary. To prescribe alcohol even in small quantities to induce sleep is a dangerous procedure. There is always danger of habit-formation, and there comes a time when only a large quantity will induce sleep, and this sleep is not restful. Moreover, the next day there appear the toxic effects of the alcohol in the shape of nervousness, irritability, headache, anorexia, and often delusions. All of the usual hypnotics are cardiac depressants and ought to be given with the greatest caution. Perhaps the two safest are trional and sulfonal in that they offer the smallest amount of disagreeable after-effects. Thorough ventilation of the sleeping-room, hypnotic suggestion, and a cup of warm broth or milk on retiring often render any other measures unnecessary."

THE VITAL IMPORTANCE OF DETECTION AND RELIEF OF EYE-STRAIN.—"Ambrose L. Ranney," says the *New England Medical Monthly*, "presents a comprehensive series of conclusions and deductions, some of which are as follows: Eye-strain can be a potent factor in disturbing the normal development of both mind and body and in causing and perpetuating physical ills. Near-sightedness, when uncomplicated, causes little or no eye-strain. An imperfect centring of a strong myopic glass to the pupils may create great nervous disturbance, however, because of prismatic effects. Far-sightedness and astigmatism should be recognized early in life and corrected by glasses. Both cause an unnatural expenditure of nervous force in proportion to the extent of the defect. Mal-adjustment of the eye muscles may exist as an independent deformity. It is a most prolific cause of physical and mental ills. Imperfect mental or physical development is very apt to be associated with some type of eye-strain. No child should ever be allowed to begin its education without preliminary testing of the eyes and also of the eye muscles. The full amount of mal-adjustment of the eye muscles is not usually disclosed because sufferers of this class unconsciously acquire "tricks of adjustment." A very large proportion of eye defects are congenital. Eye-strain predisposes to the development of cataract and other eye diseases. The writer believes that many inmates of institutions for the feeble-minded, insane hospitals, and epileptic colonies owe to eye-strain their confinement or social ostracism. This statement is based upon carefully collected clinical data. Legislative enactment should compel an eye examination of every child before it enters the public schools."

A COMMODE BEDSTEAD.—The New York *Medical Journal* has a description of a new bedstead invented by G. S. Heatley, M.R.C.V.S., Edinburgh, which is of interest to nurses:

"The attention of the medical profession is called to a new commode bedstead which promises to fulfil admirably all the requirements of the invalid in cases of disablement or protracted illness. A general view of the bedstead is given, and Figs. 1, 2, and 3 indicate the mechanism employed in its manipulation.



HEATLEY'S COMMODE BEDSTEAD.

On the right, Fig. 1 shows the pan out of use, the hole in the bedding being filled with a plug of material similar to the mattress. The resiliency of the spring mattress is unimpaired, as the whole apparatus is suspended with and moves with the same. Fig. 2 shows the pan in position for use. It can be left so continuously without causing discomfort; it can also be removed or replaced without awaking the patient. Fig. 3 shows the lever, A, lowered, so that the pan may be withdrawn and the bed-plug replaced, or vice versa. Then by raising the lever, A, the substitute plug or pan is raised to the position shown in Figs. 1 and 2.

"The construction of the bed is as follows: In the centre, about the position occupied by the pelvis, is a hole in the bed. Corresponding to this are a hole in the mattress, the edges of which are lined with rubber, and one in the sheet. The hole in the mattress is filled, under ordinary circumstances, by a mattress pad capable of removal. Underneath the bed, below the hole, are two sets of rails, upon which either the mattress filler or the bedpan runs or slides. To use the pan, the depression of a lever attached to the rails lowers the mattress pad so that it can be withdrawn underneath the bed. The bedpan, charged with disinfectant, is then slid in till it reaches the place formerly occupied by the pad, when by raising the lever the pan is lifted into actual contact with the patient, and can be kept there as long as desired. When the pan is no longer required, the lever is depressed, the vessel removed, and the pad to fill up the opening in the mattress replaced; the whole is then raised again into position by the elevation of the lever. All this can be accomplished without the slightest disturbance of the patient's position other than is necessary to draw up the night clothes. The inventor will be happy to answer any inquiries, 66 West Washington Place, New York."